

# CITY OF SAN ANTONIO PLANNING DEPARTMENT REQUEST FOR REVIEW FORM

**Indicate Type of Application here:**

☐ Master Development Plan (MDP) (Formerly POADP)

☐ Plat Certification Request

☐ MDP/ P.U.D. Plan (combination)

☐ P.U.D. Plan

Public Hearing ☐ Yes ☐ No

☐ Major ☐ Minor

**Date:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_ **File#** \_\_\_\_\_

**Engineer/Surveyor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Person Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Reference Any *MDP's, POADP's, and PUD's associated with this project:*

\_\_\_\_\_

**City of San Antonio Planning Department use only**

**SUBJECT:** The attached item has been submitted for your review, recommendation, and or comment to the Planning Commission or Director. **If necessary, please circulate within your department.** Copy this review sheet as needed. Mark your comments here and be prepared to review at the next scheduled meeting. Your written comments are strongly encouraged for documentation in the file.

**FROM:** HISTORIC PRESERVATION AND DESIGN REVIEW DIVISION **DATE:** \_\_\_\_\_

☐ **I recommend approval**

☐ **I do not recommend approval**

**On** \_\_\_\_\_, **I notified** \_\_\_\_\_, **the engineer/  
subdivider/agent, of the corrections needed to remove this objection. Tel #** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Title**

**Date**